Asthma Management in Ages 12+ Years

Based on the 2024 Global Initiative for Asthma (GINA) Report

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Asthma management is an individualized, continuous cycle of assessment, treatment/adjustment, and review

Assess
- Confirmation/evaluation of diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust
- Treat comorbidities & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review
- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

Repeat
- Assess
- Adjust
- Review

TRACK 1 Preferred Approach

- **Controller:** Follow steps
- **Reliever:** As-needed low dose ICS-formoterol

	START HERE IF: Symptoms <3-5 days/week	START HERE IF: Symptoms most days, **or** waking with asthma ≥1 time/week, **or** low lung function	START HERE IF: Daily symptoms, waking with asthma ≥1 time/week, **and** low lung function, **or** recent exacerbation	Step 5
Controller →	**Steps 1 and 2** **As-needed only low-dose ICS-formoterol**	**Step 3** **Low-dose maintenance ICS-formoterol (MART)**	**Step 4** **Medium-dose maintenance ICS-formoterol (MART)**	**Add-on LAMA** **Refer for phenotypic assessment with or without biologic therapy** **Consider high-dose maintenance ICS-formoterol (MART)**
Reliever →	**Reliever:** As-needed low-dose ICS-formoterol			

← A short course of OCS may be needed if initial asthma presentation is during an exacerbation

The alternate approach (Track 2) is reasonable when: preferred approach (Track 1) is not possible, patient is stable on their current therapy (e.g., no exacerbation within the past year), or alternate approach is preferred by the patient

TRACK 2 Alternative Approach

- **Controller:** Follow steps
- **Reliever:** As-needed SABA or as-needed ICS-SABA

	START HERE IF: Infrequent symptoms (e.g., ≤1-2 days/week)	START HERE IF: Symptoms <3-5 days/week	START HERE IF: Symptoms most days, **or** waking with asthma ≥1 time/week, **or** low lung function	START HERE IF: Daily symptoms, waking with asthma ≥1 time/week **and** low lung function, **or** recent exacerbation	Step 5
Controller →	**Step 1** **Low-dose ICS whenever SABA is taken**	**Step 2** **Low-dose maintenance ICS**	**Step 3** **Low-dose maintenance ICS-LABA**	**Step 4** **Medium-/high-dose maintenance ICS-LABA**	**Add-on LAMA** **Refer for phenotypic assessment with or without biologic therapy** **Consider high-dose maintenance ICS-LABA**
Reliever →	**Reliever:** As-needed SABA* or as-needed ICS-SABA				

← A short course of OCS may be needed if initial asthma presentation is during an exacerbation

*If considering SABA reliever, confirm that the patient is likely to be adherent to daily controller treatment

Other Controller Options for use in either approach (limited indications, less evidence for safety or efficacy)

Other Controller → Options	Step 1 or 2	Step 3	Step 4	Step 5
	Low-dose ICS whenever SABA is taken, or daily LTRA^, or add HDM SLIT	Medium-dose ICS, or add LTRA^, or add HDM SLIT	Add LAMA or LTRA^ or add HDM SLIT, or switch to high-dose ICS-only	Add azithromycin (for adults) or LTRA^; add low-dose OCS as last resort

^When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

HDM SLIT: house dust mite sublingual immunotherapy; **ICS:** inhaled corticosteroid; **LABA:** long-acting beta-2 agonist; **LAMA:** long-acting muscarinic antagonist; **LTRA:** leukotriene receptor antagonist; **MART:** maintenance and reliever therapy; **OCS:** oral corticosteroids; **SABA:** short-acting beta-2 agonist

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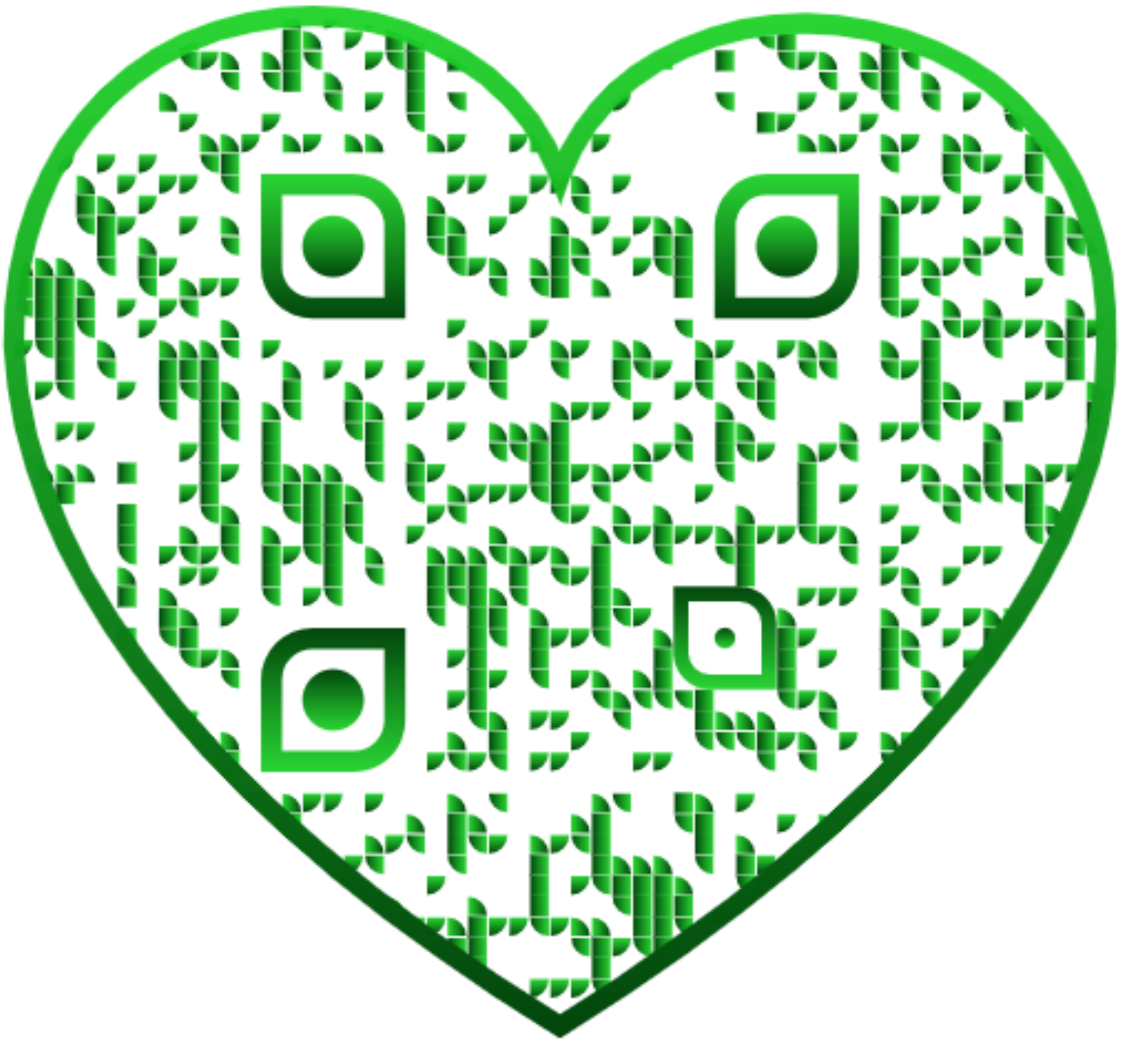

Asthma Management in Ages 11 Years and Under

Based on the 2024 Global Initiative for Asthma (GINA) Report

pyrls

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Assess
- Confirmation/evaluation of diagnosis, if necessary
- Symptom control & modifiable risk factors
- Comorbidities
- Patient goals & inhaler technique/adherence

Adjust
- Treat comorbidities & modifiable risk factors
- Utilize non-pharmacotherapy, if possible
- Add/adjust asthma medications
- Educate and train skills and proper use

Review
- Symptoms, lung function
- Asthma exacerbations
- Medication/treatment side effects
- Patient satisfaction, quality of life

Repeat
- Assess
- Adjust
- Review

Children ages 6 to 11 years

- **Controller:** Follow steps
- **Reliever:** As-needed SABA or low-dose ICS-formoterol for MART (Steps 3-4)

← A short course of OCS may be needed if initial asthma presentation is during an exacerbation

	Step 1	Step 2	Step 3	Step 4	Step 5
	START HERE IF: Symptoms <2 days/week	**START HERE IF:** Symptoms 2-5 days/week	**START HERE IF:** Symptoms most days, **or** waking with asthma ≥ 1 time/week	**START HERE IF:** Symptoms most days, waking with asthma ≥ 1 time/week, **and** low lung function	
Preferred Controller →	**Low-dose ICS whenever SABA is taken**	**Daily low-dose ICS** (use child dose ranges)	**Low-dose ICS-LABA, or medium-dose ICS, or very low-dose ICS-formoterol (MART)**	**Refer for expert advice** **Medium-dose ICS-LABA, or low-dose ICS-formoterol as maintenance & reliever therapy (MART)**	**Refer for phenotypic assessment** **Consider higher-dose ICS-LABA or add-on therapy (e.g., biologics)**
Other Controller → Options		Daily LTRA*, or low-dose ICS whenever SABA is taken	Low-dose ICS + LTRA*	Add tiotropium or add LTRA*	Consider add-on low-dose OCS (**last resort**)
Reliever →	**Reliever:** As-needed SABA or ICS-formoterol for MART as above in Steps **3 & 4**				

*When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

Children ages 5 years and younger

- **Controller:** Follow steps
- **Reliever:** As-needed SABA

Before stepping up, check for alternate diagnosis, confirm proper inhaler use, review adherence & exposures

	Step 1	Step 2	Step 3	Step 4
	CONSIDER THIS STEP IF: Infrequent viral wheezing & no or few interval symptoms	**CONSIDER THIS STEP IF:** Symptoms are not consistent with asthma, but wheezing episodes that require SABA occur frequently (e.g., ≥3/year). Give a 3-month diagnostic trial and consider expert referral. or Symptoms are consistent with asthma and are not well controlled or ≥3 exacerbations per year.	**CONSIDER THIS STEP IF:** Confirmed asthma & not well controlled on low-dose ICS	**CONSIDER THIS STEP IF:** Asthma not well controlled on doubled dose of initial low-dose ICS
Preferred Controller →	*Not enough evidence for daily controller*	**Daily low-dose ICS** (use ages 5 years and under low ICS dose range approximations)	**Double low-dose ICS**	**Refer for specialist assessment** **Continue controller**
Other Controller → Options	Consider intermittent short ICS course at onset of viral illness	Daily LTRA*, or intermittent short courses of ICS at onset of respiratory illness	Low-dose ICS + LTRA*; Consider specialist referral	Add LTRA*, or add intermittent ICS, or increase ICS frequency
Reliever →	**Reliever:** As-needed SABA			

*When considering LTRA, advise patients/caregivers regarding the potential risk of neuropsychiatric adverse events

ICS: inhaled corticosteroid; **LABA:** long-acting beta-2 agonist; **LAMA:** long-acting muscarinic antagonist; **LTRA:** leukotriene receptor antagonist; **MART:** maintenance and reliever therapy; **OCS:** oral corticosteroids; **SABA:** short-acting beta-2 agonist

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